## ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS

## **AFFIDAVIT**

## SWORN STATEMENT REGARDING THE LOSS OR THEFT OF A BIRTH OR DEATH CERTIFICATE

## **↓** IMPORTANT – PLEASE READ **↓**

Please complete the following statement regarding the loss or theft of a certified copy of the Arizona birth or death certificate listed below. If this loss/theft was reported to the police, please include the name of the police department and the report number.

Attach a legible photocopy of your government issued picture I.D. Mail the completed affidavit and I.D. to the Vital Records office that issued the missing certificate.

Name of Person Making Report (Affiant):	
Address:	
City, State, Zip:	
Telephone Number:	
Relationship to Registrant:	
Name on Vital Record (Registrant):	
Date of Birth:	County:
Date of Death:	County:
On,, at	
(Date)	(Location)
( ) copies of the above □ birth certificate, □ death certificate, were (Number of Copies) □ lost, □ stolen □ Not received in the mail	
The details of this loss/theft are as follows:	

Based on the above information, I request the Office of Vital Records to place a notation on the record corresponding to this lost/stolen document. I understand that this notation will not prevent anyone who is legally eligible to obtain a certified copy of this record from doing so.
I also understand that the Office of Vital Records may share this information with other government and law enforcement agencies as deemed prudent or necessary to help prevent fraud.
I swear and affirm under penalty of perjury that the information given in this statement is true and accurate.
(Affiant's Signature and Date)